No. <b>W 50853</b>	Due	Due no later than May 31, 2013		2. Registered Agent and Address (NO PO BOX)			
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080	1. Mailing A PEREZ PROPER WILLIAM J PE 301 PRESTON LEWISTON ID	REZ DMD AVE	301 PRESTOI LEWISTON I	WILLIAM J PEREZ DMD 301 PRESTON AVE LEWISTON ID 83501  3. New Registered Agent Signature:*			
NO FILING FEE IF RECEIVED BY DUE DATE							
Section of the Contract of the	lames and Addresse	s of at least one Member or Manager.				10 000	
Office Held Name		Street or PO Address	City	State	Country	Postal Code	
MEMBER WILLIAM MEMBER MARY PER	J PEREZ DMD 1.FZ	301 PRESTON 301 PRESTON	LEWISTON LEWISTON	ID ID	USA USA	83501 83501	
5. Organized Under the Laws of: 6. Annual Repor		must be signed.*					
ID Signature:		lliam J. Perez DMD Date: 03/25/2013					
W 50853	Name (type or print): William J. Perez DMD			Title: Owner			
Processed 03/25/2013	* Electronically provided signatures are accepted as original signatures.						